Department of Revenue
Taxpayer Account Administration
PO Box 47476
Olympia, WA 98504-7476

REVENUE

PUBLIC UTILITY TAX CREDIT APPLICATION
LOW INCOME ASSISTANCE

Business Name: _____ Registration/UBI Number: _____ – _____ – _____

Line No. **STEP 1 – Customer Donations** **(For Information Only)**

1 Money received from customers in the period of July 1, 2000 through
June 30, 2001 (if any) for the purpose of assisting other customers .... $ _____

STEP 2 – Computation of Billing Discount Credit

2 The amount of billing discounts anticipated
between July 1, 2002 through June 30, 2003... $ _____

3 a) Billing discounts given July 1, 1999
through June 30, 2000 (if none go to b)........
    b) Billing discounts given July 1, 2001
    through June 30, 2002 (if any)...................... $ _____   X 1.25 = $ _____

4 Compare the amount on Line 2 with the amount on Line 3. If the amount on Line 2
is **larger** than the amount on Line 3, enter the amount on Line 2 on Line 4. If the
amount on Line 2 is **smaller** than the amount on Line 3, enter "0" on Line 4................ $ _____

STEP 3 – Computation of Qualifying Contributions Credit

5 The amount of qualifying contributions anticipated
between July 1, 2002 through June 30, 2003.. $ _____

6 Qualifying contributions made July 1, 1999
through June 30, 2000 (if none, go to b.)............
    b) Qualifying contributions made July 1, 2001
    through June 30, 2002 (if any)....................... $ _____   X 1.25 = $ _____

7 Compare the amount on Line 5 with the amount on Line 6. If the amount on Line 5
is **larger** than the amount on Line 6, enter the amount on Line 5 on Line 7. If the
amount on Line 5 is **smaller** than the amount on Line 6, enter "0" on Line 7................ $ _____

STEP 4 - Total Credit

8 Add Lines 4 and 7 above..................................... $ _____   X .50 = $ _____

9 Enter your amount of base credit.
See the attached notice.. $ _____

10 Enter the lesser amount from Line 8 or 9.
This is your Low Income Assistance Credit... $ _____

➲ **Note: The Department of Revenue may proportionately recalculate the credit to ensure the statewide cap is met.**

Signature: _____ Date: _____

Title: _____ Phone Number: _____

Application must be postmarked on or before **July 1, 2002**. Return to: Department of Revenue
Taxpayer Account Administration
ATTN: Tax Assessment Team
PO Box 47476
Olympia, WA 98504-7476

If you have any questions, please call (360) 902-7175.